



Annual Warranty Report to ARB For Verified Diesel Emission Control Technologies

Fiscal Year _____

CONFIDENTIAL

Company Information (please print or type)

Company Name	
Address	
City	
State	
ZIP Code	
Contact Name	
Telephone	
Fax	
E-Mail	

Product Information

Please submit one form for EACH product verified. If you have no reported sales for a verified product, please indicate below.

Product Name	
Number of units sold	
Sales this fiscal year (CA only)	\$
Cumulative sales (CA only)	\$
Leases for this fiscal year	\$
Cumulative leases	\$
Annual production of diesel emission control systems (CA only)	
Cumulative production (CA only)	

Has this product been sold to a company for installation on their fleet vehicles? If so, please list.

Company Name:

Type of Fleet (i.e., refuse, transit, etc.)

Warranty Summary Information

Please categorize warranty claims by the component(s) replaced or repaired for each verified control system. Add additional lines as necessary.

Date of Claim	Component Replaced or Repaired	Reason for Failure	Engine Family	Application or Duty Cycle

If any warranty claims were denied, please give details on each one:

Claim	Reason for Rejection

Signature and date of authorized individual:

Signature(s)
Date